

Housing Intake Form

OFFICIAL USE

Received by: _____ Time Received: _____
Date Received: _____ W-L#: _____
(YYYYMMDD###)

What property are you applying for? _____

Have you ever applied or lived in an ACOF building? ☐ No ☐ Yes, List Property/s _____

Primary Applicant Name: _____ Household size: _____

Mailing Address: _____

Phone Number: _____ Alternate Number: _____

Emergency Contact Name: _____ Phone Number: _____

Please complete the chart below for **ALL** household members applying. Use an additional form if more household members.

Names of All Household Members	Date of Birth	Relationship to Primary Applicant	Last 4 digits of SS# or ITIN#	Source(s) of Income	Monthly Income	Full Time Student?
		Self			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPTIONAL: 1. Please indicate if you are requesting a unit with special accommodations for any member of your household. Check all that apply: ☐ Mobility
2. If you require an interpreter please provide the language preferred: _____ ☐ Visual Impaired
3. If you require any other special accommodations please contact Property Management so that reasonable accommodations can be made. ☐ Hearing Impaired

A. Do you have a diagnosed disability? ☐ Yes ☐ No

B. Have you been approved for MHSA housing? (If yes, attach MHSA Eligibility Certification form) ☐ Yes ☐ No

C. Have you ever served in the U.S. military? (If yes, answer a and b below) ☐ Yes ☐ No

a. Discharge Status: ☐ Honorable ☐ Other than honorable ☐ Dishonorable

b. Are you eligible to receive VA healthcare services? ☐ Yes ☐ No

D. Are you homeless? (If yes, answer a and b below) ☐ Yes ☐ No

a. How long have you been homeless? _____

b. How many times have you been homeless during the past 3 years? _____

E. Where are you currently living? (Please check the box that applies to your current housing situation.)

☐ Transitional Program: _____ ☐ Crisis Program: _____

☐ Shelter: _____ ☐ Other (i.e. renting, etc.): _____

Referring Agency/Case Manager Information (If Applicable)

Referring Agency Name: _____ Case Manager Name: _____

Mailing Address: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

OPTIONAL: _____ I hereby authorize the aforementioned agency to coordinate, exchange and release information and personal records regarding my application with Property Management and Residential Services.
(Applicant Initials)

-I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief

-I/we understand that false statements or information are punishable under federal law and are cause for denial of housing and will be grounds for immediate termination and cancellation of the application process by Property Management or Owner.

Primary Applicant Signature

Date

Other Adult Household Signature

Date

Please fax the completed form directly to each property you would like to apply.

Unsigned forms will not be considered

Feel free to contact Property Management to confirm receipt of this form.

